

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/627,511
Filing Date	04-19-2004
First Named Inventor	Peter Van Horn et al.
Art Unit	3618
Examiner Name	James A. Shriver II
Attorney Docket Number	070305np

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 35501

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

35501

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

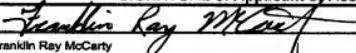
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Name

Franklin Ray McCarty

Date

04/14/07

Telephone

812-877-6203

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

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**REVOCA^TION OF POWER OF
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Application Number	10/827,511
Filing Date	04-19-2004
First Named Inventor	Peter Van Horn et al.
Art Unit	3618
Examiner Name	James A. Shriner II
Attorney Docket Number	070305p

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Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Peter Van Horn

Date

4/14/07

Telephone

812-232-5774

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

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